

GRANT COUNTY
COMMISSIONERS AGENDA MEETING REQUEST FORM
(Must be submitted to the Clerk of the Board by 12:00pm on Thursday)

REQUESTING DEPARTMENT: BOCC DATE: 09/22/2023
REQUEST SUBMITTED BY: Janice Flynn PHONE: Ext 2937
CONTACT PERSON ATTENDING MEETING: Janice Flynn
CONFIDENTIAL INFORMATION: ☐ YES ☒ NO

TYPE(S) OF DOCUMENTS SUBMITTED: (CHECK ALL THAT APPLY)

- | | | | |
|-----------------------------------------------------|---------------------------------------------------------------|------------------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Agreement / Contract | <input type="checkbox"/> AP Vouchers | <input type="checkbox"/> Appointment / Reappointment | <input type="checkbox"/> ARPA Related |
| <input type="checkbox"/> Bids / RFPs / Quotes Award | <input type="checkbox"/> Bid Opening Scheduled | <input type="checkbox"/> Boards / Committees | <input type="checkbox"/> Budget |
| <input type="checkbox"/> Computer Related | <input type="checkbox"/> County Code | <input type="checkbox"/> Emergency Purchase | <input type="checkbox"/> Employee Rel. |
| <input type="checkbox"/> Facilities Related | <input type="checkbox"/> Financial | <input type="checkbox"/> Funds | <input type="checkbox"/> Hearing |
| <input type="checkbox"/> Invoices / Purchase Orders | <input checked="" type="checkbox"/> Grants – Fed/State/County | <input type="checkbox"/> Leases | <input type="checkbox"/> MOA / MOU |
| <input type="checkbox"/> Minutes | <input type="checkbox"/> Ordinances | <input type="checkbox"/> Out of State Travel | <input type="checkbox"/> Petty Cash |
| <input type="checkbox"/> Policies | <input type="checkbox"/> Proclamations | <input type="checkbox"/> Request for Purchase | <input type="checkbox"/> Resolution |
| <input type="checkbox"/> Recommendation | <input type="checkbox"/> Professional Serv/Consultant | <input type="checkbox"/> Support Letter | <input type="checkbox"/> Surplus Req. |
| <input type="checkbox"/> Tax Levies | <input type="checkbox"/> Thank You's | <input type="checkbox"/> Tax Title Property | <input type="checkbox"/> WSLCB |

SUGGESTED WORDING FOR AGENDA: (Who, What, When, Why, Term, cost, etc.)

Reimbursement Request from Grant County Hospital #4 McKay, in the amount of \$149,867.63, for expenses incurred regarding SIP Project #2021-01, Phase 1 Capital Improvement Plan.

FISCAL / BUDGET IMPACT:

You are required to fill out & complete Financial Request Form prior to submission

LEGAL REVIEW:

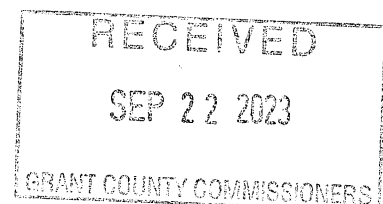
If this document requires legal review, route to legal for review prior to submission

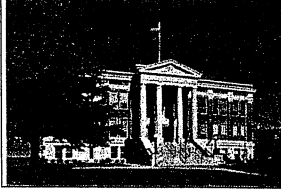
BOCC ACTION

(To Be Completed by BOCC Staff)

- ☐ APPROVED
☐ DENIED
☐ TABLED/DEFERRED/NO ACTION TAKEN:
☐ CONTINUED TO DATE:
☐ OTHER

DATE OF ACTION: _____





GRANT COUNTY BOARD OF COUNTY COMMISSIONERS

Memo

To: Board of County Commissioners

From: Janice Flynn, Administrative Services Coordinator *Janice*

Date: September 22, 2023

Re: *Authorization for Release of BOCC Approved Funds, Request #14, SIP #2021-01- GC Hospital #4 – McKay Healthcare, Phase 1 Capital Improvement Plan*

McKay Healthcare has certified the requirements for release of funds in the above-referenced SIP project, which was approved by the BOCC pursuant to Resolution No. 21-013-CC dated February 16, 2021. The proof of requirements is in the form of a signed Project Certification form from the Hospital and supporting invoicing of the project that meets the requested amount.

To that end, I am requesting the release of funds on this SIP project as follows:

- (1) 14th and final installment of the **grant** award in the amount of One Hundred Forty Nine Thousand, Eight Hundred Sixty Seven and 63/100 Dollars (\$149,867.63) to McKay Healthcare.

Note: The full grant/loan amount is \$350,000. This leaves a balance of \$0.00.

Thank you.

**GRANT COUNTY
STRATEGIC INFRASTRUCTURE PROGRAM**

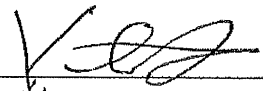
PROJECT CERTIFICATION

**This form must be signed and returned, with an invoice, for the approved funding,
before reimbursement can be approved by Grant County.**

| | |
|------------------------------|----------------------------------|
| SIP Project Proposal Number: | SIP2021-01 |
| SIP Funding Recipient | McKay Hospital & Rehab |
| SIP Project Description | Phase 1 Capital Improvement Plan |

I, the undersigned, do hereby certify under penalty of perjury, that the materials have been furnished, the services rendered, and/or the labor performed as described in the project proposal for the above-referenced SIP Project and that I am authorized to authenticate and certify to this claim. I also certify that this claim of \$149,867.63 is just and due and is an unpaid obligation against Grant County.

Further, according to the SIP Project Funding Policies, I attest that at the next audit of my entity, this project shall be called to the attention of the Washington State Auditor's Office and an emphasis audit will be requested to assure that these funds were expended toward the project and according to the intent of the proposal.



Signature

Administrator/Superintendent
Title

Victor Odiakosa

Printed Name

Administrator/Superintendent
Printed Title

9/21/23

Date Signed

**Completed, signed original certification and invoice are to be mailed to:
Administrative Services Coordinator, PO Box 37, Ephrata, WA 98823**

Reimbursement # 14 in the amount of \$149,867.63

563

Colvico Inc

09/15/2023

93218

| Invoice Number | Invoice Date | Description | Gross Amount | Discount Taken | Net Amount Paid |
|----------------|--------------|-----------------------------|--------------|----------------|-----------------|
| 164952 | 07/31/2023 | Admin-PS-SIP2021-01/2022-02 | \$166,829.42 | \$0.00 | \$166,829.42 |
| 165009 | 08/24/2023 | Admin - PS - SIP2022-02 | \$72,300.88 | \$0.00 | \$72,300.88 |
| | | | \$239,130.30 | \$0.00 | \$239,130.30 |

McKAY HEALTHCARE

127 SECOND AVE SW - PO BOX 819
 SOAP LAKE, WA 98851
 (509) 246-1111



96-671 415
 1232

6041093218

93218

09/15/2023

\$239,130.30

Two Hundred Thirty Nine Thousand One Hundred Thirty Dollars and 30 Cents

PAY
 TO THE
 ORDER OF

Colvico Inc
 PO Box 2682
 Spokane, WA 99220

BY

BY

AUTHORIZED SIGNATURE

⑈6041093218⑈ ⑆123206710⑆ 153607389530⑈



Please remit payment to:
Colvico, Inc.
PO Box 2682
Spokane, WA 99220
(509) 536-1875

AIA INVOICE #: 164952
INVOICE DATE: 7/31/2023
PERIOD TO: 7/20/2023
APPLICATION #: 3
PO#:
DUE DATE: 8/30/2023

BILL TO:
Public Hospital Dist. 4 of Grant Co.
PO Box 819
Soap Lake, WA 98851

JOB: 10206
McKay Health Care
Generator Replacement
Contract 2022-2

| ITEM | DESCRIPTION | SCHEDULED VALUE | PREVIOUS APPLICATION | CURRENT COMPLETED | STORED MATERIALS | TOTAL COMPLETED | % COMPLETE | BALANCE | RETAINAGE |
|---------|-----------------------------|--------------------|-------------------------|----------------------|---------------------|--------------------|---------------|--------------|-----------|
| 1 | Submittals | \$2,000.00 | \$2,000.00 | \$0.00 | \$0.00 | \$2,000.00 | 100% | \$0.00 | \$0.00 |
| 2 | Bonds | \$6,300.00 | \$6,300.00 | \$0.00 | \$0.00 | \$6,300.00 | 100% | \$0.00 | \$0.00 |
| 3 | Permits & Fees | \$5,600.00 | \$5,600.00 | \$0.00 | \$0.00 | \$5,600.00 | 100% | \$0.00 | \$0.00 |
| 4 | Mobilization | \$18,300.00 | \$18,300.00 | \$0.00 | \$0.00 | \$18,300.00 | 100% | \$0.00 | \$0.00 |
| 5 | Cartage, Rentals, Shack | \$11,200.00 | \$11,200.00 | \$0.00 | \$0.00 | \$11,200.00 | 100% | \$0.00 | \$0.00 |
| 6 | Supervision | \$7,000.00 | \$3,850.00 | \$1,050.00 | \$0.00 | \$4,900.00 | 70% | \$2,100.00 | \$0.00 |
| 7 | Electrical Warranty | \$7,000.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0% | \$7,000.00 | \$0.00 |
| 8 | Demolition | \$36,000.00 | \$6,900.00 | \$3,600.00 | \$0.00 | \$10,500.00 | 29% | \$25,500.00 | \$0.00 |
| 9 | Conduit | \$73,300.00 | \$43,830.00 | \$22,140.00 | \$0.00 | \$65,970.00 | 90% | \$7,330.00 | \$0.00 |
| 10 | Manholes & Ductbanks | \$25,000.00 | \$25,000.00 | \$0.00 | \$0.00 | \$25,000.00 | 100% | \$0.00 | \$0.00 |
| 11 | Bldg. Wire & Cable | \$139,890.00 | \$6,994.50 | \$94,401.00 | \$0.00 | \$101,395.50 | 72% | \$38,494.50 | \$0.00 |
| 12 | Boxes | \$8,450.00 | \$1,722.50 | \$845.00 | \$0.00 | \$2,567.50 | 30% | \$5,882.50 | \$0.00 |
| 13 | Wiring Devices | \$3,200.00 | \$0.00 | \$3,200.00 | \$0.00 | \$3,200.00 | 100% | \$0.00 | \$0.00 |
| 14 | Cabinets & Enclosures | \$8,000.00 | \$6,500.00 | \$1,000.00 | \$0.00 | \$7,500.00 | 94% | \$500.00 | \$0.00 |
| 15 | Grounding & Bonding | \$5,430.00 | \$2,715.00 | \$543.00 | \$0.00 | \$3,258.00 | 60% | \$2,172.00 | \$0.00 |
| 16 | Supporting Devices | \$14,180.00 | \$8,154.00 | \$4,224.00 | \$0.00 | \$12,378.00 | 87% | \$1,802.00 | \$0.00 |
| 17 | Electrical Identification | \$5,200.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0% | \$5,200.00 | \$0.00 |
| 18 | Switchboards | \$61,500.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0% | \$61,500.00 | \$0.00 |
| 19 | Panelboards | \$86,700.00 | \$80,850.00 | \$2,340.00 | \$0.00 | \$83,190.00 | 96% | \$3,510.00 | \$0.00 |
| 20 | Circuit Breakers | \$11,700.00 | \$0.00 | \$9,750.00 | \$0.00 | \$9,750.00 | 83% | \$1,950.00 | \$0.00 |
| 21 | Fuses & Fuse Accessories | \$10,900.00 | \$5,770.00 | \$1,140.00 | \$0.00 | \$6,910.00 | 63% | \$3,990.00 | \$0.00 |
| 22 | Enclosed Transfer Switch | \$14,950.00 | \$10,855.00 | \$2,957.50 | \$0.00 | \$13,812.50 | 92% | \$1,137.50 | \$0.00 |
| 23 | Emergency Power Generation | \$49,040.00 | \$47,155.00 | \$0.00 | \$0.00 | \$47,155.00 | 96% | \$1,885.00 | \$0.00 |
| 24 | Interior Lighting | \$1,560.00 | \$1,560.00 | \$0.00 | \$0.00 | \$1,560.00 | 100% | \$0.00 | \$0.00 |
| 25 | Power Systems Study | \$5,000.00 | \$5,000.00 | \$0.00 | \$0.00 | \$5,000.00 | 100% | \$0.00 | \$0.00 |
| ALT 1-1 | Supervision | \$6,000.00 | \$1,200.00 | \$900.00 | \$0.00 | \$2,100.00 | 35% | \$3,900.00 | \$0.00 |
| ALT 1-2 | Electrical Warranty | \$734.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0% | \$734.00 | \$0.00 |
| ALT 1-3 | Demolition | \$21,400.00 | \$2,140.00 | \$0.00 | \$0.00 | \$2,140.00 | 10% | \$19,260.00 | \$0.00 |
| ALT 1-4 | Conduit | \$24,900.00 | \$15,260.00 | \$5,200.00 | \$0.00 | \$20,460.00 | 82% | \$4,440.00 | \$0.00 |
| ALT 1-5 | Bldg. Wire & Cable | \$84,300.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0% | \$84,300.00 | \$0.00 |
| ALT 1-6 | Circuit Breakers | \$12,000.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0% | \$12,000.00 | \$0.00 |
| ALT 1-7 | Power Systems Study | \$1,000.00 | \$1,000.00 | \$0.00 | \$0.00 | \$1,000.00 | 100% | \$0.00 | \$0.00 |
| CO1 | Disconnect for Water Heater | \$1,614.49 | \$595.86 | \$611.18 | \$0.00 | \$1,207.04 | 75% | \$407.45 | \$0.00 |
| Totals | | \$769,348.49 | \$320,451.86 | \$153,901.68 | \$0.00 | \$474,353.54 | | \$294,994.95 | \$0.00 |

PREVIOUS RETAINAGE
CURRENT BILLING
NEW RETAINAGE

\$153,901.68

Balance of project

| | | |
|--------------------------------|----|------------|
| ORIGINAL CONTRACT SUM | \$ | 767,734.00 |
| CHANGE BY CHANGE ORDER | \$ | 1,614.49 |
| CONTRACT SUM TO DATE | \$ | 769,348.49 |
| TOTAL COMPLETED AND STORED | \$ | 474,353.54 |
| TOTAL RETAINAGE | | \$0.00 |
| TOTAL EARNED LESS RETAINAGE | \$ | 474,353.54 |
| LESS PREV CERTIFICATES FOR PAY | \$ | 320,451.86 |
| 8.40% SALES TAX: | \$ | 12,927.74 |

CURRENT PAYMENT DUE \$

166,829.42

SIP NO. 2021-01 \$149,867.63
SIP NO. 2022-02 \$16,961.79
\$166,829.42